



## **COUNTY OF MONTGOMERY** OFFICE OF THE COMMISSIONER OF THE REVENUE **755 ROANOKE ST SUITE 1A CHRISTIANSBURG, VA 24073**

2013

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FOR THE ELDERLY AND DISABLED								1	
								Parcel ID: PPID:	
		M0#:							
							IVION.	1	
				Senior			Exempt		
						-			
				Disabled			Deferred		
	NE INFORMATION (DI	D :							
1. APPLICA	NT INFORMATION (Ple	ease Print Cl				Casial Casurity Number		· ( D'ath	
	Name of Applicant			Last, First, Middle		Social Security Number		Date of Birth	
	Name of Spause		Loot First Middle		Social Socurity Number		Data of Pirth		
	Name of Spouse		Last, First, Midd	le	Social Security Number		Date of Birth		
	Property Address		Street, City, Zip code				Phone Number		
A.	Do you own and live at the	ss?		Yes		No			
B.	Does anyone live in the ho	n the spouse?		Yes		No			
C.	Is any portion of the house	other person?		Yes		No			
D.	Do you own any real estate	his house?		Yes		No			
E.				hands			1		
L.	<ul> <li>E. Have you sold or transferred any real es bank account or personal property the presentation.</li> </ul>					Yes			
2 OTHER I	PERSONS LIVING AT T				ersons live v	with you wri	te "NONE").		
z. OTTIZIK I	Name		Social Security		Relationship to owner		Date of Birth		
PERSON 1			Coolai Cooliny		The second secon				
PERSON 2									
PERSON 3									
PERSON 4									
3. TOTAL A	NNUAL COMBINED GR	ROSS HOUS	SEHOLD INC	COME-JANU	JARY 1, 201	2 TO DECE	MBER 31. 2	012	
	ncome From:	Applicant	Spouse	Person 1	Person 2	Person 3	Person 4		
Wages		\$	\$	\$	\$	\$	\$		
	nt Compensation	\$	\$	\$	\$	\$	\$		
Social Security		\$	\$	\$	\$	\$	\$		
Railroad Reti		\$	\$	\$	\$	\$	\$		
Veteran's Benefits		\$	\$	\$	\$	\$	\$		
Pensions		\$	\$	\$	\$	\$	\$		
nterest		\$	\$	\$	\$	\$	\$		
Dividends		\$	\$	\$	\$	\$	\$		
Rental Income		\$	\$	\$	\$	\$	\$		
Fuel Assistance		\$	\$	\$	\$	\$	\$		
Food Stamps	3	\$	\$	\$	\$	\$	\$		
Other:		\$	\$	\$	\$	\$	\$		
Other:		\$	\$	\$	\$	\$	\$	GRAND TOTAL	
Total Income:		\$	\$	\$	\$	\$	\$	\$	

4. ASSETS - BALANCE	S OF ACCC	DUNTS OR \	VALUES OF	ASSETS ON DECEMB	ER 31, 2012								
	Applicant		Spouse	DI	A44 L O								
Checking Accounts	\$		\$	Please Attach Copies of Proof of Income and Proof									
Savings Accounts	\$		\$										
CD's	\$		\$	of Bank Accounts.									
Cash Value of Life Insurar	\$		\$										
Stocks	\$		\$	Address of other Real Estate:									
Bonds	\$		\$										
IRA's/401k's/Annuities	\$		\$										
Other Real Estate	\$		\$										
Other:	\$		\$	GRAND TOTAL									
TOTAL ASSETS:	\$		\$	\$									
OTHER ASSETS: Auto, Boat, Camper and similar													
Туре	Year	Make	Model	Туре	Year	Make	Model						
Vehicle 1				Vehicle 7									
Vehicle 2				Boat/RV									
Vehicle 3				Boat/RV									
Vehicle 4				Trailer/Camper									
Vehicle 5		Trailer/Camper		Trailer/Camper									
Vehicle 6				Other									
			5 AFF	IDAVIT									
In order for your applicat	tion to be pro	ocessed. vou		lete all sections of this ap	polication and	d sian on the	applicant						
				and a new application mus									
				sult in your application be									
provide is confidential ar				, ,,									
I because a succession of a section	a tanana Patasa	al a succession of	(b <b>(</b>										
				statements are true and co all be guilty of a Class 3 mis									
				if any changes occur in res									
ownership of the property.		the revenue	iriiriediately	ii arry chariges occur iii res	pect to my me	Joine, illiancie	ai wortii, oi						
o mile on the property.													
	(4) 5												
I authorize the Commissioner of the Revenue to obtain any verification necessary to both determine and review financial assistance eligibility. This authorizes release of information to the Commissioner of the Revenue's Office.													
ongionity. This additionizes release of information to the Commissioner of the Nevertue's Office.													

## YOU MUST SUPPLY PROOF OF INCOME

Signature